

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) GOPAC Election Fund			FEC IDENTIFICATION NUMBER ▼ C C00559740		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee MARTIN & BLAINE THE DIFFERENTIATORS			Date of Public Distribution/Dissemination 02 12 2024		
Mailing Address PO BOX 17623			Amount 45426.51		
City RALEIGH		State NC	Zip Code 27619		Transaction ID : SE24.17
Purpose of Expenditure DIRECT MAIL EXPENSE		Category/ Type		Date of Disbursement or Obligation 02 13 2024	
Name of Federal Candidate HARRIGAN, PAT, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>10</u> ☐ President ☐ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought			549234.06 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			 Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 45426.51 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 45426.51					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <u>JOHNSON, MELODIE, , ,</u> Date 02 13 2024					